



EMS Personnel Information Change / Duplicate Card Request Form
GEORGIA OFFICE OF EMERGENCY MEDICAL SERVICES AND TRAUMA

Print Or Type All Information

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Information Change Request

Complete and Return to: State Office of EMS and Trauma
ATTN: Personnel Licensure
2600 Skyland Drive - Lower Level
Atlanta, GA 30319
Fax: 404.679.0526

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Duplicate Card Request

PERSONAL INFORMATION CURRENTLY ON FILE WITH OEMS (Please Complete All Fields)

Name:

Last

First

M.I.

SSN*: _____ - _____ - _____

*SSN is required to apply for an EMT license and will be kept confidential and used for internal identification purposes only.

Phone: () _____ - _____

Alt. Phone: () _____ - _____

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EMT (Basic)

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EMT Intermediate 85

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Advanced EMT

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Paramedic

PERSONAL INFORMATION CHANGE – Check and Complete all that apply

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Name

From: _____

Last

First

M.I.

(If your name has changed due to marriage, divorce, legal action, etc. attach a copy of legal documentation)

To: _____

Last

First

M.I.

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Address:

Number and Street

City

County

State

Zip

☐

Phone:

☐

E-Mail:

☐

Employment Agency:

Additional Notes: _____

Change of name and/or contact information must be submitted in writing to OEMS within 30 days of change.

DUPLICATE CARD REQUEST

Reason for Duplicate Card Request:

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Lost Card

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Stolen Card (provide detailed information)

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Damaged Card

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Other

Please provide a detailed statement regarding this request:

THIS IS TO CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY PERSON WHO SHALL GIVE FALSE OR FORGED EVIDENCE OF ANY KIND TO THE DEPARTMENT MAY BE PROSECUTED UNDER OFFICAL CODE OF GEORGIA SECTION 16-10-20; AND, THAT FALSE STATEMENTS MAY FURNISH GROUNDS FOR THE DENIAL OR REVOCATION OF A LICENSE.

SIGNATURE _____

DATE _____

All requests are processed within 5-7 business days from the date received.

*****OEMS Use Only**

Date Received: _____

Input Date: _____

Initials: _____